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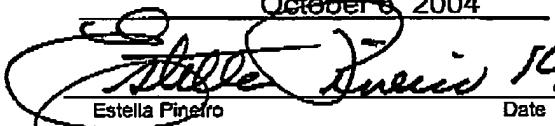
Applicant:	Mark W. Kroll	OCT 06 2004
Serial No.:	10/087,404	Examiner: F. Oropeza
Filed:	02/26/2002	Art Unit: 3762
Docket No.:	SJ1-029US	
For:	SYMPATHETIC NERVE STIMULATOR AND/OR PACEMAKER	

RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop Amendments
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being facsimile
transmitted to the United States Patent and Trademark Office
on:

October 6, 2004


Estella Pineiro Date
10/6/04

Sir:

In the Office Action, mailed September 30, 2004, the Examiner has identified four patentably distinct species, and required Applicant to elect one species. Applicant hereby elects the third species, corresponding to Figure 10. The claims readable upon that species are Claims 1-9, 13-20, 33-41, 45 and 46. Upon allowance of Claims 1 and 33, consideration of non-elected claims 10-12 and 42-44 is requested.

This election is made without traverse.

Respectfully submitted,

10/6/04

Date



Derrick W. Reed
Registration No. 40,138
Attorney for Applicant(s)

CUSTOMER NUMBER: 36802

TELECOPIER COVER SHEET

October 6, 2004

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To: Assistant Commissioner for Patents	From: Derrick W. Reed Reg. No. 40,138 818/493-2200
Attention: Examiner: F. Oropeza Art Unit: 3762 TECHNOLOGY CENTER 3700	ST. JUDE MEDICAL CRMD 15900 Valley View Court Sylmar, California 91392-9221
Telecopier: 703/872-9306	Telecopier: 818/362-4795
RE: Response to Restriction Requirement Applic. No. 10/087,404 Filed: 02/26/2002 Docket No. SJ1-029US	Number of pages being sent: <u>4</u> (including cover page)

PLEASE DELIVER TO EXAMINER FRANCES P. OROPEZA, Art Unit 3762.

THE INFORMATION CONTAINED IN THIS TRANSMISSION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE AND THOSE PROPERLY ENTITLED TO ACCESS TO THE INFORMATION AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND/OR EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS TRANSMISSION IS NOT THE INTENDED OR AN AUTHORIZED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY UNAUTHORIZED DISTRIBUTION, DISSEMINATION, OR DUPLICATION OF THIS TRANSMISSION IS PROHIBITED. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE OR FAX/EMAIL. THANK YOU!

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TRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILING

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 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing are the following documents:

Response to Restriction Requirement
 Transmittal Letter, Fee and Cert. of Mailing

CALCULATION OF FEES					
ITEM		NO. OF CLAIMS REMAINING AFTER AMENDMENT	NO. OF CLAIMS PREVIOUSLY PAID FOR	ADD'L CLAIMS FILED	LARGE ENTITY FEE
A	TOTAL CLAIMS FEE	28	48	0	<input checked="" type="checkbox"/> \$18
B	INDEPENDENT CLAIMS FEE**	4	8	0	<input checked="" type="checkbox"/> \$88
C	MULTIPLE- DEPENDENT			0	<input checked="" type="checkbox"/> \$300
D	EXTENSION OF TIME FEE — 1-mon: \$110; 2-mon: \$430; 3-mon: \$980; 4-mon: \$1,530; 5-mon: \$2,080				
E	ADDITIONAL FEES (i.e., Surcharge – Late Fee- Declaration; Petitions; Information Disclosure Statement; Terminal Disclaimer, etc.) Specify:				
F	TOTAL ADDITIONAL FEE** (ADD TOTALS FOR LINES A,B,C,D, and E)				
					\$ 0**

Charge Deposit Account No. 16-0068
the amount of

\$0**

A copy of this letter is
enclosed.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068

Any additional filing fees required under 37 CFR 1.16.

Any patent application processing fees under 37 CFR 1.17.

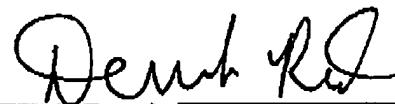
The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068

Any patent application processing fees under 37 CFR 1.17.

Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

Date: 10/6/04

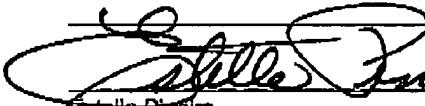


Derrick W. Reed, Attorney for Applicants
Reg. No. 40,138

CUSTOMER NUMBER: 36802

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Estella Pinelro

Date 10/6/04